



STATE OF WYOMING
Department of Revenue
Liquor Division
1520 E 5th Street
Cheyenne, WY 82002-0110
(307) 777-7120



APPLICATION FOR
WINE OUT-OF-STATE DIRECT SHIPPER LICENSE

Applicant: _____ D/B/A: _____

Contact Person: _____ Phone: (____) _____ - _____

Company Location: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

E-Mail Address: _____ Website: _____

FILING AS (CHOOSE ONLY ONE)

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

NAME	RESIDENCE ADDRESS	DATE OF BIRTH	% OF STOCK

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-2-204** and all other applicable Wyoming laws and rules, and to file required monthly tax reporting documents and taxes. If no shipments occur for any given month, a zero report is required. I understand that violation of these laws and rules may constitute cause for denial, suspension or revocation of my license.

Please attach to this application a copy of the current state license(s) under which you are operating.

By signing this application, I acknowledge for _____ (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

Signature: _____

Title: _____

Date: ____ / ____ / ____

Mail completed application and a check for **\$50.00** made out to the Wyoming Liquor Division to:

Wyoming Liquor Division
Attn: Licensing
1520 E 5th St
Cheyenne, WY 82002-0110

Rec'd application: _____
Rec'd cash/check: _____
Reviewed by: _____